Application or Docket Number											
IALL EI	YTITY	OR	OTHER THAN SMALL ENTITY								
RATE	FEE	]	RATE	FEE							
ASIC FEE	385.00	OR	BASIC FEE	770.00							
X\$ 9=	175	OR	X\$18=	`							
X43=	172	OR	X86=								
+145=		OR	+290=								
OTAL		OR	TOTAL								
OTHER THAN MALL ENTITY OR SMALL ENTITY											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
X\$ 9=		OR	X\$18=								
X43=		OR	X86=								
-145=		OR	+290=								
TOTAL		OR ADDIT, FEE									
DIT. FEEOTT ADDIT. FEE											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
X\$ 9=		OR	X\$18=								
X43=		OR	X86=								
145=		OR	+290=								
TOTAL		OR	TOTAL ADDIT. FEE								
DIT. FEE ADDIT. FEE											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SM/ TYP		NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			47			-		ATE	FEE	]	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			( minus 20=		* 22		X	\$ 9=	175	OR	X\$18=	,
INDEPENDENT CLAIMS			minus 3 = *		* 4		×	43=	177	OR	X86=	
MU	LTIPLE DEPEN	RESĖNT —————	·			+	45=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							T(	OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)	SI	/ALL	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	CL AIM	=	X	43=		OR	X86=	
L				ENDENT	CLAIIVI		+1	45=		OR	+290=	
1	11/15/1	32,36,	4.5				ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	, ,,,,,,			•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- CL AINA		X	43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+1	45=		OR	+290=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X	9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4144	<u> -</u>	×	43=		OR	X86=	
	FIRST PRESE	NTATION OF M	JETIPLE DEF	'ENDEN]	CLAIM	ا لا		45=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									ΛP	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												